



Sick Time Request Form Consumer Direct Attendant Support Services

Member Information:		
Last Name:		First Name:
Phone:	Medicaid ID#:	Email:
Attendant Information:		
Last Name:		First Name:
Phone:		Email:
Date of Request:		FMS Vendor:
Rate of Pay:		Total Hours Requested:
Start Date:		End Date:
Shift Information:		
Date:		Hours:
Affidavit:		
<p>I, _____, am requesting sick time for the listed attendant. I agree that I will follow instructions from my FMS Vendor to track sick hours for the attendant. I agree to contact my FMS Vendor in the event of any changes related to this sick time request. I understand that this request is paid out of my allocation. Attendants will be paid at a standard rate that is already established with the FMS vendor.</p>		
Signature of Member/ Authorized Representative:		Date:
FMS Vendor Representative:		Date:



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Attendants can use leave for the following “sick” time purposes:

- mental or physical illness, injury, or health condition of the employee or family member;
- medical diagnosis, care, or treatment related to an employee's or family member's illness, injury, or condition; or preventive medical care.

Attendants can use “safe” time for the following purposes if they or their family member is the victim of domestic abuse, sexual assault, or harassment:

- seeking medical attention to recover from a mental or physical illness, injury, or health condition caused by the domestic abuse, sexual assault, or harassment;
- obtaining services from a victim services organization;
- obtaining mental health or other counseling;
- seeking relocation due to the domestic abuse, sexual assault, or harassment; or
- seeking legal services, including preparing for or participating in a civil or criminal proceeding relating to or resulting from the domestic abuse, sexual assault, or harassment.

In a Public Health Emergency (PHE), additional sick time is available:

- to self-isolate and care for oneself (or a family member who is self-isolating) because the employee (or family member) is diagnosed with, or experience symptoms of, the communicable illness that is the cause for the PHE;
- to seek or obtain (or care for a family member who needs) medical diagnosis, care, or treatment if experiencing symptoms associated with a communicable illness that is the cause of the PHE;
- to seek (for oneself or a family member) preventive care concerning a communicable illness that is the cause of the PHE;
- if the individual's presence on the job or in the community would jeopardize the health of others because of the individual's exposure to the communicable illness or because the employee is exhibiting symptoms of the communicable illness (regardless of diagnosis), as determined by local officials with such authority or the employee's or covered relation's employer;
- to care for a child or other family member when the child's care provider is unavailable due to a PHE, or if the child's or family member's school or place of care has been closed by a local, state, or federal public official or at the discretion of the school or place of care due to a PHE, including if a school or place of care is physically closed but providing instruction remotely; or
- if an employee is unable to work because the employee has a health condition that may increase susceptibility to or risk of communicable illness that is the cause of the PHE.

Note:

- Attendants earn one hour of sick leave for every 30 hours they work, up to a maximum of 48 hours per year
- January 2021: employers with 16+ attendants must provide paid sick leave
- January 2022: all employers must provide paid sick leave

[Pursuant to “Healthy Families and Workplaces Act” \(S.B. 20-205, July 14, 2020\)](#)